Congress of the United States

Washington, **BC** 20515

May 9, 2002

The Honorable C.W. Young, Chairman The Honorable David R. Obey, Ranking Member House Committee on Appropriations 2358 Rayburn House Office Building Washington, D.C. 20515

Dear Chairman Young and Ranking Member Obey:

As members of the Bipartisan Congressional Task Force on Alzheimer's Disease, we encourage you to consider the 4 million Americans afflicted with Alzheimer's Disease as you move forward with FY 2003 appropriations. Since its inception in June 1999, the Task Force has enlisted 165 enthusiastic Members and continues to grow. We respectfully urge your consideration of the following:

- To increase funding at the National Institutes of Health (NIH) sufficient to accommodate an expansion of Alzheimer's research to \$1 billion beginning as soon as possible. We believe an increase of \$200 million across all relevant NIH agencies which conduct research on Alzheimer's will significantly advance methods to develop prevention, treatment and therapeutic options against the disease.
- To provide \$2.25 million to fully fund the Alzheimer's Clinical Research and Training Program a worthwhile program authorized last year to improve diagnosis, treatment and prevention.
- To expand the Alzheimer's Matching Grant Program to \$25 million, enabling all 50 states to reach Alzheimer's families in underserved areas, particularly minority and rural communities.
- To appropriate \$250 million for a National Family Caregiver Support Program to help states and communities develop or expand respite, adult day care, and other supportive services for caregivers for persons of all ages and disabilities.
- To continue \$900,000 in funding for Safe Return, a Department of Justice program to help law enforcement and public safety personnel locate and protect Alzheimer's patients who wander from home.

As the average human life span increases, Alzheimer's will become the epidemic of the 21st Century – by 2050 it is estimated that 14 million Americans will be afflicted. Today, one in ten seniors over age 65 has a form of Alzheimer's, and a staggering 50 percent of seniors aged 85 will fall victim to the disease.

Thanks to your past support for fighting this growing health crisis, the federal government will spend \$598.9 million on Alzheimer's research in FY 2002. However,

this is a modest investment when compared with the annual \$100 billion cost of the disease.

If scientists can find a way to delay the onset of Alzheimer's for even five years, our nation will save at least \$50 billion in annual health and long-term care costs.

As you know, Alzheimer's Disease is a progressive, degenerative dementia disorder that attacks the brain, captures the mind, and erodes the mental and physical abilities of its victim before ultimately stealing life. Impaired memory and judgement leave patients completely dependent on others for their most basic needs. Seven in ten afflicted live at home and almost 75% of home care is provided by family and friends. On average, Medicare spends 70% more on patients suffering with dementia due to a greater incidence of health problems unrelated to their cognitive impairment. Also at risk for increased health problems are the caregivers (one-third of whom are Medicare beneficiaries) who experience stress-related health problems at much higher rates than their peers unencumbered by the needs of a long-term care patient.

Before succumbing to Alzheimer's, patients may suffer for as long as three to twenty years. With the average life-time cost of a case of Alzheimer's estimated at \$174,000, our health care and long-term care system will be overwhelmed unless effective treatment strategies are identified and implemented.

We formed the Bipartisan Congressional Task Force on Alzheimer's Disease in an effort to control and ultimately combat the impending epidemic of the 21st Century. We ask for your assistance in this battle and urge you to increase support for the on-going research efforts at NIH. In addition, we encourage you to provide full-funding for the following programs: the Alzheimer's Clinical Research and Training Awards program; the National Family Caregiver Support Program; the Alzheimer's Matching Grant Program; and the Safe Return Program.

We thank you for considering our request.

Sincerely,

Edward J. Markey

Alzheimer's Task Force Co-Chair

Christopher H. Smith

Alzheimer's Task Force Co-Chair

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